

To The A. G. O.
Apr 27 1926

5489

251
Gib

DATE Nov. 11th, 1921

1. NAME CHAMBERS, William E. SERIAL No. 52957
 RANK Pvt. ORGANIZATION Co. C. 26th Inf.
 DIVISION 1st
 GRAVE LOCATION Meuse Argonne American, Romagne/s/Montfaucon, Meuse. 1232, Sec. 43.
 CTY. NAME NUMBER
200 Sect. 43 4
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Isolated Charpentry, Bauley Meuse
 GRAVE COMMUNE DEPT.
 COORDINATES Verdun 35 SE 277.8 N 304.7 E
 CONCENTRATED TO 6/10/19 200 Sec 43 4
 DATE GRAVE ROW PLOT
Meuse Argonne Cemetery 1232
 CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

DATE OF DEATH Tag on body. Oct 1, 1914
 STATE FROM WHICH HE CAME Wash.

3. MEDALS OR DECORATIONS AWARDED Cites 501, 1st class 1/1/1920
 data F-1.

SUBSEQUENT REBURIALS
 ccg.
 DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR [Signature] **M. B. BIRDSEYE**
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION Nov. 11th, 1921 9 46 B1.C.
 DATE GRAVE ROW PLOT

AUDITED BY Robert O. Davis,
Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon, (Meuse).
 The Adjutant General
 By [Signature] CEMETERY
 MAY 3 1926
 APR 30 1926
 WORLD WAR DIV.



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



C^o C. 26th Inf.
1st Div.

CHAMBERS, William E. Pvt 52937

Statement of Soldier:

Killed by shell fire Oct. 1st 1918 near Very.

Died at First Aid Station.

Informant : Spraisle, Robert, Cpl 52944
C^o C. 26th Inf.

Home : Roseville. Ohio.

Signed : Giles, Florian D. 1st Lt 26th Inf.

no

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chamber

Wm. E.

(Surname.) (Number.) (First Name and Initials.)

unknown.

Co. C. 28th Inf.

(Rank.) (Organization.)

DATE OF BURIAL.....

PLACE OF BURIAL.... *Field of Battle.*

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Coordinate ~~47.5 - 50.0~~

76.5 - 04.5

GRAVE NUMBER.....

HOW MARKED: Name Peg?..... Cross?.....

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?.....

Was one fastened to name peg or stake used as a grave marker?.....

If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

Chaplain Jones, 28th Inf.

(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l, G. H. Q., A. E. F.

✓

C C D E S L I P

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Chambers, Cha.</i>	3	381
	<i>William E.</i>		
	CEMETERY <i>1232</i>	1	1
BURIED	GRAVE <i>9</i>	2	09
	ROW <i>46</i>	2	46
	BLOCK <i>C</i>	1	3
STATE	<i>Wash.</i>	2	56
RANK	<i>Priv.</i>	1	2
DIVISION	<i>1</i>	2	01
ORGANIZATION	<i>26</i>	3	026
ARM	<i>Inf.</i>	1	1
MARTIAL	<i>no</i>	1	2
<i>father</i> NAME	<i>Chambers, Cha.</i>	3	
	<i>Mr. Kelly</i>		
	STATE <i>Wash.</i>	2	
RESIDENCE	COUNTY <i>...</i>	2	
<i>Ottawa, W. Va</i>	CITY <i>...</i>	3	
RELATION	<i>Mother</i>	1	1
OTHER <i>(No loco or S.M)</i>		1	1
ELIGIBILITY	<i>Dead</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Audited
APR 18 1932
MB

pm

8

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Chambers, William E. 1232 F

July 8, 1930

Mr. Kelly Chambers
Ottawa, W. Va.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

NO

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

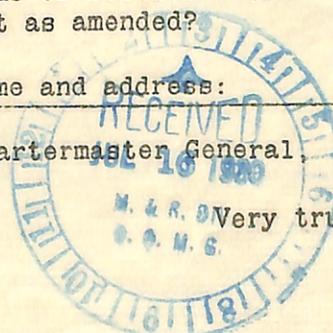
NO

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

No. Nearest female relatives are Sisters

For The Quartermaster General.



Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. Hughes
A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

(Chambers, William E.)

June 28, 1929.

Mr. Kelly Chambers,
Ottawa, W. Va.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the father of the late Private William E. Chambers, Co. C, 26th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

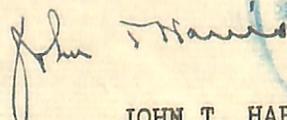
For your reply, you may use the enclosed envelope which requires no postage.

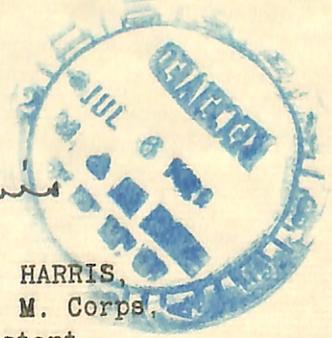
For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

*No mother living
No wife -*


JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 28, 1929.

(Chambers, William E.)

Mr. Kelly Chambers,
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For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

WAR DEPARTMENT

In reply refer to:
QM - 293 C-R

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

July 26, 1923.

Mr. Kelly Chambers,
Ottawa,
W.Va.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private William E. Chambers, Company C, 26th Infantry, is Grave 9, Row 46, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner
H. J. Conner, R
Assistant.

RD

R9/14/23

WAR DEPARTMENT.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON, D. C.

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE, \$3
PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF POSTAGE—\$300.
INSURE
VALUABLE MAIL

REASON FOR NON-DELIVERY CHECKED

UNCLAIMED _____
RELEASED _____
RETURNED TO SENDER _____
FOR UNKNOWN ADDRESS _____
REFUSED _____
NO SUCH POST OFFICE IN STATE NAMED _____

Mr. Kelly Chambers,
Ottawa,
D. Va.

RETURNED TO SENDER

REASON FOR NON-DELIVERY CHECKED

UNCLAIMED _____
RELEASED _____
RETURNED TO SENDER _____
FOR UNKNOWN ADDRESS _____
REFUSED _____
NO SUCH POST OFFICE IN STATE NAMED _____

Chambers,

(Surname)

William E.

(Christian name in full.)

52,917

(Army serial number.)

Pvt.

Co. C. 26 Inf.

(Rank and organization.)

State your relationship to the deceased

Father

Do you desire the remains brought to the United States?

Not decided.

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

port ship until further orders

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Kelly Chambers

Attala, MS

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Leave in
the
suitcase

Drawn Pm

1232 Sec 43-29

4-13-21

Checked by

Q 4-14-21

11

In reply refer to:
QM - 293 C-R

July 26, 1923.

Mr. Kelly Chambers,
Ottawa,
W.Va.

Dear Sir:

The Quartermaster General ~~Edith E. Chambers~~, ~~informed that~~ ^{Row 46, Block C, Meuse-Argonne American Cemetery,} ~~the permanent grave of~~ ^{Row 46, Block C, Meuse-Argonne American Cemetery,} ~~Homagne-sous-Montfaux (Meuse), France.~~

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.



RD
L

23/494/WTV

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 94941

CR (4-20-21)C

(a) Name CHAMBERS, William E. Ser. No. 52957
(b) Rank Pvt. Organization Co. C. 26th Inf.
(c) Date of death 10-1-18 (d) Cause of death DWRIA
TYP hmp
CKR B. J.

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 200 Row ----- Plot 4 Sec. 43 TYP. hmp
(b) Emerg. Address Kelly Chambers (Father) Ottawa, W. Va.

III. Files of soldiers dying from contagious diseases / / / CKR. B. J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt -----

(a) Name Kelly Chambers (b) Relationship Father
(c) Address Ottawa, W. Va.
(d) Remains to be brought to U. S.? Not decided (Don't ship until further orders)
(e) To be interred in National Cemetery in U. S. at -----

(f) Shipping instructions upon arrival of body in U. S. -----

(g) Disposition instructions if not brought to U. S. -----

Examiner's Initials Jm Date 4-13-21, 1920.

V. A. G. O. CORRESPONDENCE shows communication from -----

-----, dated -----

confirming request in Par. IV., item -----, above, or requesting that -----

No Correspondence

Examiner's Initials Jm Date 4-13-21, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: -----

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials Jm Date 4-13-21, 1920.

COUNTRY FRANCE CEMETERY No. 1232 Sec. 43 SHEET No. 29

Checked 4-20-21

REPORT OF DISINTERMENT AND REBURIAL

Date Nov, 10, 1921.

CHAMBERS WILLIAM B.

1. REMAINS OF CHAMBERS WILLIAM B. SERIAL NUMBER 52957

RANK Pvt. ORGANIZATION Co., G. 26th Inf.

2. Disinterred (date): Nov, 10, 1921. From (give complete location):
G. 200 sec 43 pt 4 Cem., #1232.

By: Group 6 Unit Sec. 1

3. Reburied (date): Nov. 11th, 1921. In (give complete location):
Grave 9, Row 46, Block C. Cemetery 1232.

By: Group Reburial S Unit Sec. 1 Nature of reburial
Unlined Casket

4. Report as to nature of original burial and condition of body upon disinterment:
decomposed unrecognizable. uniform burlap and box,

5. (a) Identification tags: Buried with body? Yes On grave marker? No
William B. Chambers 52957 Pvt. Co., G. 26th Inf.

(b) Other means of identification found upon disinterment, and general remarks:
GRS plac on box, check. William B. Chambers.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Imp to det.

(b) Weigh, (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

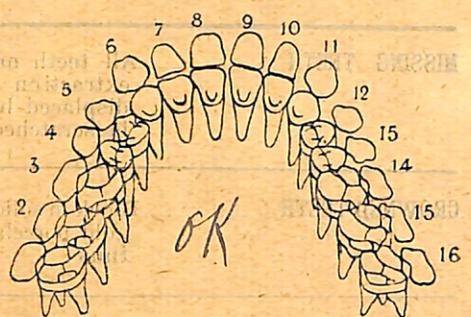


Diagram represents the mouth wide open

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible

MBD SF Cavity

A diagram showing a top-down view of a set of lower teeth. The teeth are numbered 17 through 32. The central incisors are 17 and 31, the canines are 18 and 30, the premolars are 19 and 29, the bicuspids are 20 and 28, and the molars are 21 and 27. The teeth are drawn with simple outlines. There are handwritten annotations: "MBD" near teeth 17-19, "SF" near teeth 19-21, and "Cavity" near teeth 20-22.

22 23 24 25 26 27

(f) Wounds or missing parts (received at time of casualty):
hole in left side of skull

7. Disinterment supervised by E. Maire S. A. Approved: Geo. C. Bland 1st Lt. OMC
(Title)

8. Reburial supervised by A. U. Dufault, Approved: James W. Younger
(Title) Captain G. M. C.

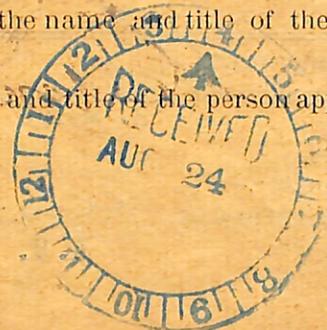
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Questions 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.



REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name CHAMBERS, William E.

Number 52957

Rank Pvt.

Organization: Co. C 26th Inf

Disinterment and Reburial made by Group _____

Unit _____

Disinterred (Date) _____

From: (Give complete location) _____

10th, June 1919.

Isolated Grave

BAULNY, MEUSE.

35 SE 304.7 E 277.8 N

Reburied (Date) _____

in: (Give complete location) _____

10th, June 1919.

Grave #200 Sec #43 Plot #4

1232

ARGONNE AMERICAN CEMETERY No. 1232.

ROMAGNE, MEUSE.

Report as to nature of original burial and condition of body upon disinterment:

Burial good. Buried in uniform; body in fair condition.

Was one identification tag found upon the body? Yes

What other means of identification were found upon the body? None

11957

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G. H. O. 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by Lt. Osterhout.

R. H. ROSENTHAL

2nd Lieut. O.M.C.U.S.A

Unit _____

Place

Date, June 1918

REPORT OF DISINTERMENT AND BURIAL

Number of

Rank

Name

Organization

Rank

Reinforcement and Rebuilding units by Group

Unit

Disinterred (Date)

From (Give complete location)

Isolated grave

10th, June 1918

REGIMENT, INFANTRY

33 SE 3047 E 27V. 8 N

Reburied (Date)

to (Give complete location)

Grave 200 sec 43 1st M

10th, June 1918

ARMY MEDICAL DEPARTMENT NO. 1232

REGIMENT, INFANTRY

Report as to nature of original burial and condition of body upon disinterment:

Original body buried in uniform; body in fair condition.

Has any identification been found upon the body? Yes

Has other means of identification been found upon the body? None



Remarks: (Faint text describing the disinterment process and location details)

By: [Signature]

Witnessed by: [Signature]

Post Office Address

Serial

To be prepared in triplicate.

DATE Nov. 10, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name CHAMBERS, William E.
- 2. No. 52957
- 3. Rank Pvt.
- 4. Org. Co. C, 26th Inf.
- 5. D.D. 7-22-18
- 6. C.D. WRIA
- 10. Name _____
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 200 Sec. 43
- 8. Plot 4 Row _____
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. No discop
- 18. Cemetery Meuse Argonne American,
- 19. Commune or town Romagne/s/Montfaucon.
- 20. Dept. or County Meuse,
- 21. Country France,
- 22. G.R.S. Hdqrs. Code No. 1232, Sec. 43.
- 23. Disinterred (Date) 11-10-21 By 11-10-21 E. Maire

24. Inscription on grave marker:

- Name William E. Chambers Serial No. 52957
- Rank Pvt. Organization Co. C, 26th Inf.

25. Was identification disc found on grave marker? No On body? yes

John H. Crawford
Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

GR3 plac on box checks William B. Chambers

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial US Uniform, burlap and pine box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date 11-10-21 By E. Maire

31. Casket sealed by E. Maire

Signature of Embalmer, (Supervisor) E. Maire

SHIPMENT. (Show actual marking of box.) Box No. C-16277

32. Designation of body:

Name William E. CHAMBERS Serial No. 52957
Rank Pvt. Organization Co. C. 26th Inf.



33. Consigned to:

Name of Permanent Cemetery Meuse Argonne American, 1232, Romagne/s/Montfaucon, Meuse.

34. Casket boxed and marked (Date) 11-10-21 By E. Maire

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

Geo. C. Bland

Geo. C. Bland, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) 11-10-21

To point of Concentration Morgue. Romagne

Convoyer W. J. Royed

(Name) W. J. Royed Signature Shipping Officer W. J. Royed
W. J. Royed
Captain, C. A. C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer _____ (Name) _____
Signature Shipping Officer _____

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery 1232 (Date) Nov. 11th, 1921.

42. Grave No. 9 Section

43. ~~Plot~~ Block C Row 46

G.R.S. Representative

James W. Younger
James W. Younger,
Captain Q.M.C.

JEL

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 94941

(a) Name CHAMBERS, William E. Ser. No. 52957 *ok (4-20-21) C*
 (b) Rank Pvt. Organization Co. C, 26th Inf. } TYP hmp
 (c) Date of death 10-1-18 (d) Cause of death DWRIA } B. J.

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 200 Row ----- Plot 4 Sec. 43 TYP. hmp
 (b) Emerg. Address Kelly Chambers (Father) Ottawa, W. Va.

III. Files of soldiers dying from contagious diseases /// CKR. B. J.

IV. Information on which advice to Europe in letter of transmittal was based:

V. Following advice forwarded to Europe by { cable on -----, 192
Sec 43 letter of transmittal on 4/25, 192
Par 2 not to be returned SPW

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., -----, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

VIII. Form 115 received from G. R. S., Hoboken, N. J. -----, 192

COUNTRY ----- CEMETERY No. ----- SHEET No. -----

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W
Information requested of A.G.O.

Date 4/15/21.

File No. Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

(SPECIAL)

To: Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname **Chambers** ✓
- b. Christian name **William E.** ✓
- c. Serial Number **52957 or (52937)** ✓
- d. Organization **Co. C, 26th Inf.** ✓
- e. Rank **Pvt.** ✓

- f. Date of death **10/1/18.** ✓
- g. Cause of death **DWRIA.** ✓
- h. Authority (C.O.#) **226** ✓
- i. Emergency address **Kelley chambers**
- j. Relationship **Ottawa, Wash. D.C. father**

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|------------|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | | upper right | | | | | upper left | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | | lower right | | | | | lower left | |

H. L. ROGERS,
Quartermaster General, U.S.A.

BY:

H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO:

C.W. 1232-Sec. 43.

SHEET NO:

29

TYPED BY:

I.W.

3/713/LML

RECEIVED

APR 16 1921

APR 16 1921

APR 16 1921

NOTED FORM 115
DATE 4-20-21

MAY 5 1921
94941

DATE RA-
NO:
NO:

A.M.
B
A.M.

APR 19 1921

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APR 19 1921

APR 19 1921

Comptrol Division
Overseas Project Sub-Section

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DATE RA-
NO:
NO:

DATE RA-
NO:
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APR 19 1921

~~83545~~

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Feb 28, 1919.

Central Records Office
Bourges

Retel CROKS 3166 period Unconfirmed information shows Pvt Wm E Chambers
52937 Co C 26th Inf interment between Oct 5 and Oct 13th comma 1918 and
buried in Commune of Charpentry (Meuse) map reference one to fifty thousand
scale Lambert map number 35 SE comma E 304 point 4 comma N 276 point 6
burial reported by Reg Burial Officer 28th inf period No record date of
death.

O. B.

CARSON.

C.M. NOETZEL
2nd Lieut., G.M.C.
ACL/ WK
11:00 AM

Copy to;
T & C
G R S
Sgt Daly Original

file
a

Officer in charge of Burial

Chaplain

✓

Signal Corps, United States Army.
Telegram.

~~80575~~
473
80586

Received at

191

48CRHY 53 0B

BOURGES FEB 26 1919

GRAVES REGISTRATION SERVICE

TOURS

CRO KS 3166 WIRE CORRECT DATE PLACE DEATH PLACE DATE BURIAL

OFFICER PVT WM E CHAMBERS 52937 CO C 26TH INF REPORTED BURIED

BETWEEN OCTOBER 5TH AND 13TH 1918

DAVIS

236P



94941

Condensed

From

80586

9

83545

FILE



RECAPITULATION

Station: Fort _____

Status as of date: February 15, 1920.

Service	Appropriation	Cost for Remainder of Year		
		Feb. 15 to Mar. 31	4th Quarter	Total
P. and S.	G.A., Q.M.C.	\$3,000	\$3,000	\$6,000
	I. and P.S.	2,500	3,000	5,500
Finance	G.A., Q.M.C.	1,000	2,000	3,000
Utilities	G.A., Q.M.C.	3,500	4,000	7,500
	I. and P. S.	300	400	700
Transportation	G.A., Q.M.C.	200	250	450
	I. and P. S.	300	400	700
Motor Transport	G.A., Q.M.C.	400	700	1,100

- 1 G.R.S. form no 194746
2 No 52957 80586
3 CHABERS WILLIAM F.
4 prt. Co B. 26 Inf.
5 CMME. E PINONVILLE (Meuse)
6 (C-208) SHT. 358 E. COORD { E 304.8
N 277.9
7 Charpentry, Meuse.
8 Grove no 2. Isolated burial
9 cross.
10 yes — yes.
11 8 M.N. Eclisfontaine Charpentry
road. 24 kils. N.E. Charpentry.
12 map 35 SE. 277, 9 N. x 304, 8 E
13 sketch no 89.
Group 4 unit 306 G.R.S.
P.B.H. ! Cheryl Diekhoff
2071

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CHARBERS WITTHAM E.

60 FOR RENT 228 E DDDDD (M 2234)
OWING E BIDOU NITTE (M 2044)
W 2044

Handwritten notes and signatures, including a large circular stamp.



Handwritten notes and signatures, including a large circular stamp.

Card Dept. #94941

MEMO FOR: G.R.S. representative C.R.O.

SUBJECT: Information required for G R S.

FILE

I. Items checked are to be completed:

- () Surname: **Chambers**
- () Number: **52957**
- () First name: **William E.**
- () Rank: **Pvt.**
- () Company: **C**
- () Organization: **26th., Infantry**
- () Date of death:
- () Cause:
- () Place:

Location of hospital: -

Number » »
Class » »

- () Relative: *Kelly Chambers*
- () Relationship: *Father*
- () Address: *Ottawa, W.Va.*
- () Authority:
- Cablegram No: **458 Sub P-#1**
- Telegram from:

dated:

- () Reported to Washington:
- C.C. Nos:

(Underscore the "official" C.C.)

- () Remarks:

CHARLES C. PIERCE,
Lieut -Colonel, Q.M.C., U.S.A.

Initials of reporter: *CP*

RECEIVED
JUN 1919
Q. M.
C. R. S.

~~8254570~~ 298
CHAMBER, WILLIAM E. No number given

Co C 26th Inf.

80586

Interment between Oct 5th and 13th, 1918.

(Coordinance 76.6-04.5)

Com C148 Carpentry (Mouse)
Map 35 SE 304.5 N276.6

A

R

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M

MEME. Carpentry (Mouse)

(C-148) SHT. 35 SE COORD (E 304.5

M

N276.6



736

148-736

Communal List No. _____
Daily Report No. _____